

DAVIS COUNTY
Office of Personnel Management
P. O. Box 618, Farmington, Utah 84025
451-3415 TDD # 451-3228

PLEASE READ PRIOR TO COMPLETING AN APPLICATION

GENERAL INFORMATION. The Office of Personnel Management has a copy of an official job announcement for each career service opening which outlines position duties, minimum qualifications, and closing date. If you would like a copy of this announcement, please ask. If a position is designated Career Service Exempt, the employee will be an "at-will" employee and can be terminated at any time with or without cause. **All successful applicants for positions in the County must successfully pass a drug screen prior to employment. Davis County provides reasonable accommodations to the known disabilities of applicants in compliance with the Americans with Disabilities Act.**

APPLICATION FORM. In order to obtain complete information which can be used in making hiring decisions, we require you to complete an Official Davis County Employment Application. If you submit a resume without an application you will not be considered for employment. Applications must be submitted by 5:00 P.M. on the closing date of the job announcement. Your completed application will be used to determine your eligibility for the available position, so it is very important the application is complete. You are responsible for stating your qualifications fully and in an understandable manner. **If more space is needed to give full answers or explanations, attach additional sheets.** Letters of recommendation or commendation should not be submitted. You are required to submit a copy of license, certification, or registration you claim on your application. You will not be given credit without appropriate documentation. When referring to dates, give month, day, and year. **Applications for clerical positions must include a type test dated within the last year.**

EDUCATION VERIFICATION. **You are required to submit copies, transcripts, or certificates of completion for any education or training beyond high school you claim on your application, at the time of application.** Transcripts may also be required during the final interview process. You will not be given credit for any education you do not have documented.

VETERAN PREFERENCE. If you claim veteran preference, you must submit a copy of Form DD214, certifying honorable veteran status. If you claim disabled veteran preference, you must also submit a letter of verification from the Veteran's Administration dated within the last 90 days.

EQUAL EMPLOYMENT OPPORTUNITY. Davis County is an equal employment opportunity employer. Everyone who meets the minimum position qualifications will have the same opportunity for employment. Your application will not be rejected because of your race, color, national origin, religion, sex, age, or disability.

HOW JOB VACANCIES ARE FILLED. If a position is designated "competitive," an examination, administered by Personnel, is required. Examinations consist of one or a combination of the following methods: a written examination, a rating based on training and experience, an oral examination, or a performance examination. Upon request of a County Department a certified list of names is furnished from the register to fill vacancies. Once a register is developed, it may remain in effect for one year. During this year, it will be used to fill positions without further announcement of vacancy. If a position is designated as "noncompetitive" an examination is not required. All applicants interested in noncompetitive positions will be certified to the hiring department for consideration in accordance with department selection procedures.

EXPERIENCE EVALUATION METHODS. Most registers are developed by establishing a rank order of applicants based on the amount and type of experience. The number of applications received for a vacancy influences the strictness of the evaluation criteria. Evaluation criteria is developed by Personnel in consultation with a knowledgeable person from the hiring department. All applications are screened against the minimum qualifications with those meeting minimum qualifications being rated against the evaluation criteria. This rating establishes the applicant's rank on the register.

NOTIFICATION OF APPLICANTS. You should receive written notification of your rank on the register within three weeks of the advertised closing date of the position. Since a considerable amount of time is required to screen and evaluate the applications, please do not contact Personnel to inquire about your status as an applicant.

**** If you are selected for employment, you will be required to prove United States citizenship and your eligibility to work in the United States, as evidenced by appropriate documentation.****

		Current: () YES () NO
<u>Type (Engineer, Nurse, etc)</u>	<u>Number</u>	<u>State</u>

EXPERIENCE (List most recent job first)

A COMPLETE WORK HISTORY IS REQUIRED**Attach additional sheets if necessary, using the same format.**

Company Name:		Supervisor's Name/phone #:	
Company Address:			
Job Title:		Hours Worked per week:	
From: _____ Month/Day/Year	To: _____ Month/Day/Year	Starting Wage:	Ending Wage:
Duties:			
Reason for Leaving:			
Company Name:		Supervisor's Name/phone #:	
Company Address:			
Job Title:		Hours Worked per week:	
From: _____ Month/Day/Year	To: _____ Month/Day/Year	Starting Wage:	Ending Wage:
Duties:			
Reason for Leaving:			
Company Name:		Supervisor's Name/phone #:	
Company Address:			
Job Title:		Hours Worked per week:	
From: _____ Month/Day/Year	To: _____ Month/Day/Year	Starting Wage:	Ending Wage:
Duties:			
Reason for Leaving:			

REFERENCES: (Do not list relatives or previous employers listed above)

Name	Address	Telephone	Years Known

I hereby authorize investigation of all statements contained herein and grant any previous/current employer or listed individual permission to give and release to Davis County and its representatives any and all information of whatever kind they may have concerning me, whether on record or not. I also release them and/or the company from any liability for any damage whatsoever of issuing same. I release Davis County and its representatives of any liability for the use of this information in considering and reviewing my application for the available position and during my employment if I am selected. I hereby certify all statements made in this application and all other documents are true and complete. I understand and agree any misrepresentation herein shall be sufficient cause to deny employment or to terminate my employment at any time.

Signature _____ Date _____

SUPPLEMENTAL QUESTIONNAIRE

Name:	SSN#	Birth date
Aliases, nicknames, maiden name, name changes	Place of birth <div style="text-align: right; font-size: small;">City County State</div>	

READ AND ANSWER EACH QUESTION

A candidate may be rejected "who has intentionally made a false statement of a fact, practiced or attempted to practice any deception or fraud in his/her application, examination, or in securing his/her eligibility for appointment." All information in this form will be subjected to review for truthfulness and integrity during a polygraph examination.

1. Have you used any of the following drugs other than those prescribed for you while under the care of a licensed physician?

Drug	Slang	Yes	No	How often did you use the drug?	When did you last use the drug?
Cocaine, Crack or derivative	Snow, Powder, Nose Candy, Toot, Blow, Rock, Girl				
LSD	Acid				
PCP	Tea, Crystal Tea, Angel Dust				
Opium					
Heroin	Smack, Horse, Boy				
Psilocybin Mushrooms	Shrooms				
MDMA	Ecstasy, XTC				
Barbiturates	Barb, Yellow Jacket, Downers, Phennies				
Amphetamines	Dexies, Bennies, Speed, Uppers, Cross Tops				
Psychotoxic Chemicals	Glue, Paint, Solvents, Butane, Scotch Guard, etc. ("Puffing")				
Quaaludes	Ludes				
Methamphetamine	Crank, Crystal, Ice				
Cannibis or any derivative	Marijuana, Hashish, Hash Oil				
Steroids	Human Performance Drugs, HGH				
Prescription Drugs or Narcotics	Specify Drug				

Supply a complete explanation of any "YES" answer on a separate sheet and attach to this form.

	YES	NO
2. Have you sold, purchased or offered for sale any illegal drug?		
3. Have you induced or attempted to induce another person in the use of illegal drugs?		
4. Have you used prescription medications in any way other than those prescribed by a physician?		
5. Have you ever been convicted of a felony?		
6. Have you been convicted of a misdemeanor?		
7. Have you ever been convicted of any felony or misdemeanor involving perjury or a false statement, notwithstanding suspension of sentence or withholding adjudication?		
8. Have you ever been arrested, detained by police or summoned into court?		
9. Have you ever been involved in any court action; civil or criminal?		
10. Have any of you or your spouse's immediate relatives ever been convicted of a felony?		
11. Have you ever been discharged, asked to resign, furloughed, resigned in lieu of termination or subjected to disciplinary action while employed, (except military)?		
12. Have you received a dishonorable or an undesirable discharge from the Armed Forces?		

DAVIS COUNTY APPLICANT DRIVING HISTORY
(Required for positions that entail any on-the-job driving)

1. Driver Licenses:

State:		Endorsements:	
License Number:		Commercial (CDL):	Class A ()
Expiration Date:			Class B () Class C ()
Other:		Regular Operator:	Class D ()

2. Driving Experience:

Class of Equipment	Type of Equipment (Van, truck, flat)	Dates From To	Approximate Miles

3. Accident Record for past 3 years (Attach sheet if necessary):

Dates	Nature of Accident	Fatalities	Injuries

4. Traffic Convictions and forfeitures for the past 3 years (Other than parking violations):

Location	Date	Charge	Penalty

5. Have you ever been denied a license, permit or operating privilege? () YES () NO If yes, attach a statement giving details.
6. Has any license, permit or privilege ever been suspended or revoked? () YES () NO If yes, attach a statement giving details.

7. YOU MUST ATTACH PROOF OF AUTOMOBILE INSURANCE. Must include applicant's name and policy period.

8. MOTOR VEHICLE REPORT REQUIREMENT (Please check one and sign the bottom):

☐ I understand that an official and current Motor Vehicle Report (MVR) is required and must be submitted with my application in order to be considered for this position. I have obtained an MVR from the State Drivers License Division and have attached it to this application.

OR

☐ I understand that an official and current Motor Vehicle Report (MVR) is required and must be submitted with my application in order to be considered for this position. I hereby authorize Davis County Office of Personnel Management to retrieve my MVR (Utah only) and use the information contained therein in connection with this application.

Applicant Signature

Date

CERTIFICATE OF LICENSE AND INSURANCE COVERAGE

SECTION A - DRIVERS LICENSE VERIFICATION

I certify that I have a valid and appropriate Utah driver license and that the information contained below is complete and accurate. I agree to notify the Personnel Office immediately if my license expires or is revoked. I agree that each time I endorse a mileage reimbursement check I am certifying I possess a valid driver license. I understand if I drive a vehicle while in the course of performing my job without a valid and appropriate license I will be subject to disciplinary action which may include termination.

Drivers License Number	Type of License	Expiration Date
Signature:		Date:

SECTION B - AUTO INSURANCE VERIFICATION

I certify that I have at least the minimum insurance required by Utah State Laws on each vehicle I operate while performing my job. I agree to have such coverage in effect while using my vehicle(s) when employed. I agree to notify the Personnel Office immediately if my insurance coverage ceases to be in effect for any reason. I agree that each time I endorse a mileage reimbursement check I am certifying my insurance coverage is still in effect. I understand that if I drive a vehicle while in the course of performing my job without the minimum coverage amounts I will be subject to disciplinary action which may include termination.

I understand the minimum insurance required by state law includes the following:

1. No fault coverage (PIP).
2. A "25-50-15" liability policy which covers at least \$25,000 per individual for bodily injuries and \$50,000 minimum per accident or \$50,000 total per accident which can be used for bodily injuries or property damage.
3. Property damage coverage of at least \$15,000.
4. Uninsured motorist coverage of \$25,000 per person and \$50,000 per accident.

Signature:	Date:
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DAVIS COUNTY AFFIRMATIVE ACTION SHEET

Office of Personnel Management

P. O. Box 618, Farmington, Utah 84025

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To better help Davis County satisfy Merit System principles and meet our Equal Employment Opportunity requirements including affirmative action, we would appreciate your responses to the information below. The information requested on this sheet is voluntary. This information will assist the County in applicant tracking, reporting, and other legal requirements. Failure to answer will not subject applicants to disparate treatment. This form will be detached from your application during the recruitment process. If you are hired, the information will be used to assist Davis County in complying with Federal Reporting Requirements.

POSITION APPLIED FOR: _____

Referral Source: ☐ Newspaper
 ☐ Friend
 ☐ Davis County employee
 ☐ Job Service
 ☐ Other: _____

Your Name: _____

Date of Birth: _____/_____/_____
 Month Day Year

Sex: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married

Race: ☐ White
 ☐ Black
 ☐ Hispanic
 ☐ Asian or Pacific Islander
 ☐ American Indian or Alaskan Native

I certify that all of the above information is accurate.

Signature _____ Date _____
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